

Fill in this information to identify the case:

United States Bankruptcy Court for the Western District of Washington

Case Number: 19-13349

Debtor 1 Sarah Olivia Bilderback
First Name Middle Name Last Name

Debtor 2
First Name Middle Name Last Name

FILED
Western District of Washington
at Seattle

NOV - 3 2023

**GINA ZADRA WALTON, CLERK
OF THE BANKRUPTCY COURT**

Local Forms W.D. Wash. Bankr. Form 12 (12/1/19)

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

1. Claim Information

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount: 3,104.68

Claimant's Name: Sarah Olivia Bilderback

Claimant's Current Mailing Address, Telephone Number: PO Box 1242, Seahurst, WA 98062
206.200.6164

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☒ Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☐ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

- ☐ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

4. Notice to United States Attorney

☒ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney
Western District of Washington
700 Stewart Street
Suite 5220
Seattle, WA 98101-1271

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 10/31/2023

Sarah O. Bilderback

Signature of Applicant

Sarah Bilderback

Printed Name of Applicant

Address: 4029 S. 170th St

Seatac WA 98188

Telephone: 206 200. 1164

Email: bilderback76@gmail.com

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: _____

Telephone: _____

Email: _____

6. Notarization

STATE OF WA

COUNTY OF King

This Application for Unclaimed Funds, dated

10/31/2023 was subscribed and sworn to before

me this 31 day of October, 2023 by

Sarah Bilderback

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to within the instrument. WITNESS my hand and official seal.

SEAL ANET LEVY Notary Public [Signature]

My commission expires: 01/24/2025

6. Notarization

STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated

_____ was subscribed and sworn to before

me this _____ day of _____, 20____ by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to within the instrument. WITNESS my hand and official seal.

(SEAL) Notary Public _____

My commission expires: _____